

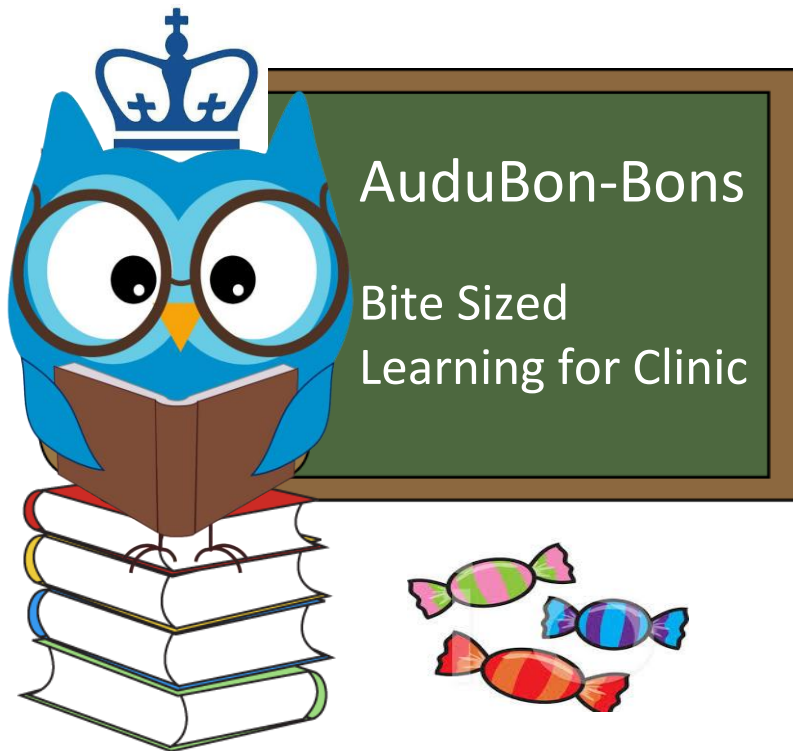
PERIODIC HEALTH ASSESSMENT: 19 – 39 YEARS

Week 67

Prepared by: **Stephanie Warsheski, MD**

Reading Assignment:
ACOG Committee Opinion # 755
Well-Woman Visit

Download CDC Vaccine Schedule app



LEARNING OBJECTIVES



- To understand the importance of periodic health assessments in women
- To provide a general overview of women's preventative services and care, particularly in the 19-39 year old women



CASE VIGNETTE

- Your patient is a 26 y.o. G0 woman who presents to GYN clinic requesting a pap smear and STI testing. She is in a new relationship and wants to get “checked out.”



WHAT ARE THE GOALS OF THIS VISIT?

- To provide preventative health services
- To manage reproductive health care
- To provide counseling regarding maintenance of a healthy lifestyle
- To aid women in minimizing health risks



FOCUSED HISTORY

What elements of this patient's history are most relevant?

- Reason for visit
- Pertinent symptoms
 - Bleeding irregularities
 - Vaginal discharge
 - Pain



FOCUSED HISTORY

- POBH: Nulliparous
- PGYNH: Menses regular, q1month, lasting 5-6 days
Denies h/o abnormal paps, STIs, fibroids, cysts
SA with 1 partner currently
Has had 4 lifetime partners
- PMH: Denies
- PSH: Denies



FOCUSED HISTORY

- Meds: MVI
- All: NKDA
- Sochx: Lives with a roommate, denies IPV
Attends college and works in a restaurant
Drinks wine and smokes cigarettes “socially”, denies use of illicit drugs
Exercises occasionally and cooks most meals at home
- FamHx: Non-contributory



PERTINENT PHYSICAL EXAM FINDINGS

What elements of the patient's physical exam are most important?

- Vitals: BP 123/68, 145lbs, 5'4", BMI 24.9
- HEENT: No adenopathy, normal thyroid
- Breast: Symmetric, non-tender, no masses, no skin changes, no nipple changes or discharge, no LN
- Abd: Non-distended, soft, nontender
- Pelvic:
 - Vulva: NEFG, no lesions
 - Vagina: Pink, healthy mucosa, no discharge
 - Cervix: Nulliparous os, no lesions, no discharge, no CMT
 - Uterus: Small, AV, non-tender
 - Adnexa: No masses, non-tender



LABORATORY AND OTHER TESTS

Periodic

- Cervical cancer screening: as per ASCCP guidelines
- ± Gonorrhea and Chlamydia testing
- HIV testing: at least once between 13 and 64 years
- Hepatitis C: at least once between 13 and 64 years
- Lipid screening: once between 17 – 21 y.o.
- Genetic testing/counseling



EVALUATION AND COUNSELING

Sexuality

- High-risk behaviors
- STIs prevention and barrier contraception

Reproduction

- Pre-pregnancy counseling
- Infertility assessment
- Contraceptive options

Fitness and nutrition

- Physical activity
- Dietary/nutritional assessment (obesity, eating disorders)
- Folic acid supplementation



EVALUATION AND COUNSELING

Psychosocial

- Depression and anxiety screening
- Intimate partner violence
- Stress
- Sleep disorders

Cardiovascular risk factors

- Family hx
- Medical hx: HTN, dyslipidemia, DM
- Obesity
- Personal h/o PEC, GHTN, GDM
- Lifestyle



EVALUATION AND COUNSELING

Health/Risk Assessment

- Breast self-awareness
- Risk assessment for BRCA 1/2 testing
- Hygiene (including dental)
- Injury prevention (exercise, firearms, hearing, occupational hazards, recreational hazards, safe driving practices)
- Sun exposure
- Suicide
- Tobacco, alcohol, other drug use



2020 RECOMMENDATIONS FOR WELL-WOMEN CARE

PREVENTION SERVICES	AGE GROUP		
	13-17 ^a	18-21 ^b	22-39
GENERAL HEALTH			
Alcohol use screening & counseling	●	●	●
Anxiety screening	●	●	●
Aspirin to prevent CVD & CRC ¹			
Blood pressure screening	●	●	●
Contraceptive counseling & methods	●	●	●
Depression screening	●	●	●
Diabetes screening ²	○	○	○
Folic acid supplementation ³	○	●	●
Healthy diet & activity counseling ⁴	○	○	○
Interpersonal violence screening	●	●	●
Lipid screening ⁵	○	●	○
Obesity screening & counseling	●	●	●
Osteoporosis screening ⁶			
Fall prevention			
Statin use to prevent CVD ⁷			
Substance use assessment	●	●	
Tobacco screening & counseling	●	●	●
Urinary incontinence screening ⁸	○	●	●

INFECTIOUS DISEASES			
Gonorrhea & chlamydia screening ⁹	●	●	● ≤24 ○ >24
Hepatitis B screening ¹⁰	○	○	○
Hepatitis C screening (at least once) ¹¹	○	●	●
HIV preexposure prophylaxis ¹²	○	○	○
HIV risk assessment	●	●	●
HIV screening (at least once)	● ≥15	●	●
Immunizations ^b	●	●	●
STI prevention counseling ¹³	●	●	○
Syphilis screening ¹⁴	○	○	○
Tuberculosis screening ¹⁵	○	○	○
CANCER			
Breast cancer screening ¹⁶			
Cervical cancer screening		● ≥21	●
Colorectal cancer screening			
Lung cancer screening ¹⁷			
Medications to reduce breast cancer risk ¹⁸			
Risk assessment for BRCA 1/2 testing		●	●
Skin cancer counseling ¹⁹	○	○	○ ≤24

KEY:

- Recommended by the USPSTF (A or B rating), WPSI, or Bright Futures
- Recommended for selected groups

IMMUNIZATIONS



Vaccine	19–21 years	22–26 years	27–49 years	50–64 years	≥65 years
Influenza inactivated (IIV) or Influenza recombinant (RIV) or Influenza live attenuated (LAIV)			1 dose annually		
Tetanus, diphtheria, pertussis (Tdap or Td)		1 dose Tdap, then Td booster every 10 yrs			
Measles, mumps, rubella (MMR)		1 or 2 doses depending on indication (if born in 1957 or later)			
Varicella (VAR)	2 doses (if born in 1980 or later)				
Zoster recombinant (RZV) (preferred) or Zoster live (ZVL)				2 doses or 1 dose	
Human papillomavirus (HPV) Female	2 or 3 doses depending on age at initial vaccination				
Human papillomavirus (HPV) Male	2 or 3 doses depending on age at initial vaccination				
Pneumococcal conjugate (PCV13)				1 dose	
Pneumococcal polysaccharide (PPSV23)		1 or 2 doses depending on indication			1 dose
Hepatitis A (HepA)		2 or 3 doses depending on vaccine			
Hepatitis B (HepB)		2 or 3 doses depending on vaccine			
Meningococcal A, C, W, Y (MenACWY)		1 or 2 doses depending on indication, then booster every 5 yrs if risk remains			
Meningococcal B (MenB)		2 or 3 doses depending on vaccine and indication			
Haemophilus influenzae type b (Hib)		1 or 3 doses depending on indication			

Recommended vaccination for adults who meet age requirement, lack documentation of vaccination, or lack evidence of past infection

 Recommended vaccination for adults with an additional risk factor or another indication

 No recommendation



SOCIAL DETERMINANTS OF HEALTH

SDHs have been shown to affect many conditions treated by OBGYNs

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Table 1. Sample Screening Tool for Social Determinants of Health ←

Domain	Question
Food	In the last 12 months, did you ever eat less than you felt you should because there was not enough money for food?
Utility	In the last 12 months, has your utility company shut off your service for not paying your bills?
Housing	Are you worried that in the next 2 months, you may not have stable housing?
Child care	Do problems getting childcare make it difficult for you to work, study, or get to health care appointments?
Financial resources	In the last 12 months, have you needed to see a doctor but could not because of cost?
Transportation	In the last 12 months, have you ever had to go without health care because you did not have a way to get there?
Exposure to violence	Are you afraid you might be hurt in your apartment building, home, or neighborhood?
Education/health literacy	Do you ever need help reading materials you get from your doctor, clinic, or the hospital?
Legal status	Are you scared of getting in trouble because of your legal status? Have you ever been arrested or incarcerated?
Next steps	If you answered yes to any of these questions, would you like to receive assistance with any of those needs?

Modified from Health Leads. Social needs screening tool kit. Boston (MA): Health Leads; 2016; and Bourgeois P, Holmes SM, Sue K, Quesada J. Structural vulnerability: operationalizing the concept to address health disparities in clinical care. *Acad Med* 2017;92:299-307.

Addressing social determinants of health, especially during the WWE, can help obstetricians-gynecologists and other healthcare providers better understand patients, effectively communicate about health-related conditions and behaviors, and improve health outcomes.



EPIC .PHRASE

BBon19-39PeriodicHealthAssessment

Description: 19-39y periodic health assessment evaluation/ counseling

A comprehensive health assessment was performed including a physical exam and detailed medical history. Topics addressed during today's encounter included but were not limited to sexual history, reproductive history and goals, psychosocial history, fitness and nutrition, cardiovascular risk factor, and a thorough health/risk assessment. Physical findings, diagnoses, preventive health services and treatment options, if needed, were discussed with the patient.

The need for cervical cancer screening, STI testing, HIV testing, Hepatitis C testing, lipid screening and genetic testing/counseling was discussed.

The patient agreed to the following today ***



CODING AND BILLING

- Diagnostic Codes (ICD-10)
 - Z.01.419 Encounter for well women exam
 - Z11.3 Encounter for screening examination for sexually transmitted disease



CODING AND BILLING – NEW PATIENT

HISTORY	EXAM	MEDICAL DIAGNOSIS MAKING	CODE	APPLICABLE GUIDELINES
Problem focused: - Chief complaint - HPI (1-3)	Problem focused: - 1 body system	Straight forward: - Diagnosis: minimal - Data: minimal - Risk: minimal	99201	- Personally provided - Primary care exception - Physicians at teaching hospitals
Expanded problem focused: - Chief complaint - HPI (1-3) - ROS (1-3)	Expanded problem focused: - Affected areas and others	Straight forward: - Diagnosis: minimal - Data: minimal - Risk: minimal	99202	- Personally provided - Primary care exception - Physicians at teaching hospitals
Comprehensive - Chief complaint - HPI (4) - ROS (2-9) - Past, family, social history (1)	Detailed: - 7 systems	Low: - Diagnosis: limited - Data: limited - Risk: low	99203	- Personally provided - Primary care exception - Physicians at teaching hospitals
Comprehensive - Chief complaint - HPI (4+) - ROS (10+) - Past, family, social history (3)	Comprehensive: - 8 or more systems	Moderate: - Diagnosis: multiple - Data: moderate - Risk: moderate	99204	- Personally provided - Physicians at teaching hospitals
Comprehensive - Chief complaint - HPI (4+) - ROS (10+) - Past, family, social history (3)	Comprehensive: - 8 or more systems	High: - Diagnosis: extended - Data: extended - Risk: high	99205	- Personally provided - Physicians at teaching hospitals



CODING AND BILLING – ESTABLISHED PATIENT

HISTORY	EXAM	MEDICAL DIAGNOSIS MAKING	CODE	APPLICABLE GUIDELINES
Expanded problem focused: <ul style="list-style-type: none"> - Chief complaint - HPI (1-3) 	Problem focused: <ul style="list-style-type: none"> - 1 body system 	Straight forward: <ul style="list-style-type: none"> - Diagnosis: minimal - Data: minimal - Risk: minimal 	99212	<ul style="list-style-type: none"> - Personally provided - Primary care exception - Physicians at teaching hospitals
Expanded problem focused: <ul style="list-style-type: none"> - Chief complaint - HPI (1-3) - ROS (1) 	Expanded problem focused: <ul style="list-style-type: none"> - Affected area and others 	Low: <ul style="list-style-type: none"> - Diagnosis: limited - Data: limited - Risk: low 	99213	<ul style="list-style-type: none"> - Personally provided - Primary care exception - Physicians at teaching hospitals
Detailed <ul style="list-style-type: none"> - Chief complaint - HPI (4+) - ROS (10+) - Past, family, social history (3) 	Detailed: <ul style="list-style-type: none"> - 7 systems 	Moderate: <ul style="list-style-type: none"> - Diagnosis: multiple - Data: moderate - Risk: moderate 	99214	<ul style="list-style-type: none"> - Personally provided - Physicians at teaching hospitals
Comprehensive <ul style="list-style-type: none"> - Chief complaint - HPI (4+) - ROS (10+) - Past, family, social history (2) 	Comprehensive: <ul style="list-style-type: none"> - 8 or more systems 	High: <ul style="list-style-type: none"> - Diagnosis: extended - Data: extended - Risk: high 	99215	<ul style="list-style-type: none"> - Personally provided - Physicians at teaching hospitals



EVIDENCE

References

- CDC Adult Immunization Schedule.
<https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html> (Accessed June 8, 2020).
- Conry, Brown. Well-Women Task Force. Components of the Well-Women Visit. *Obstet Gynecol* 2015;126:697-701.
- Importance of social determinants of health and cultural awareness in the delivery of reproductive health care. ACOG Committee Opinion No. 729. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2018;131:e43–8.
- Well-woman visit. ACOG Committee Opinion No. 755. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2018;132:e181–86.
- Women’s Preventive Services Initiative.
<https://www.womenspreventivehealth.org/wp-content/uploads/2020-WPSI-Well-Woman-Chart.pdf> (Accessed June 8, 2020).

